FOR INSTRUCTIONS, SEE BACK OF FORM	A		Nayne
CHECK ONE:	-	FORM	STATEMENT
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This is an <b>initial*</b> Statement of Organization	IA ETHICS AND	(Rev. 02/96)	ORGANIZATION
☐ This is an <b>amended*</b> Statement of Organization ☐		For Office Use	0-1-
* An initial Statement of Organization should be filed within 10 days	PM 5.15.08	For Office Use	
* An initial Statement of Organization should be filed within 10 days contributions, making expenditures or incurring indebtedness exceeds within 30 days of a change. People is a small file of the change of a change of the cha	aing \$500. Amendments should be filed	Comm. #	9/88
within 30 days of a change. Penalties may be imposed for late-filed	Statements of Organization.	Indexed Audited	
		Computer X	<del>///</del>
COMMITTEE NAME (D			
COMMITTEE NAME (Required by law)			;
It agne Country Democratic Cer	tual Committee		
IMPORTANT: Indicate type of committee you are reporting for:	7		
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State P	 arty (4 )County/Local Candidate (5 )Cou	ntv PAC ( 6 )Ball	ot Issue/Franchise
Committee (7)County/City Central Committee (8)Support slate o	f candidates (list candidates under purpos	e of committee)	
COMMITTEE TREASURER (This address used for all reminders and correspondence)	s COMMITTEE CHAIR (List addi	tional officers on	separate page)
Name	Name	<del></del>	
Marjone L. Pyner	Dan White		Γ.
Mailing Address	Mailing Address		%
419 E. South St.	1577 91 T		
City, State Zip Code	1577 Huy T22 City, State Zip Code		· ·
Conydon, Ja. 50060-1729	Humeston, Ja. 5.		
Home Phone (641) 872 - 1206			<u> </u>
	Home Phone (64/1)		
Day Phone ( ) Same	Day Phone ( ) C-mail: iO	anielwos	sirisonline.com
PACs: INDICATE PURPOSE OF COMMITTEE			
THE STATE OF THE S			
All Candidates Enter: Office Sought:	District:		
All Candidates Enter: Office Sought:			i i
All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee	Year Standing for Election:		i i
All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County:	Year Standing for Election:		i i
All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee	Year Standing for Election: es Enter: Date of Election:  Candidate Name & Address or Parent	Entity (PACs, if	
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All Candidates Enter:  Office Sought:  Political Party (if applicable)  County/Local Candidates and Local Ballot/Franchise Committee  County:  Bank Account Name  Construction State Banks  Name of Financial Institution/Type of Account  Checking  Mailing Address  Lot Markson  City State Zip  Construction State Construction  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION	Year Standing for Election:  Date of Election:  Candidate Name & Address or Parent Affiliat  Mailing Address  City State  Home Phone ( )  Day Phone ( )	Entity (PACs, if e, or Sponsor Zip	applicable).
All Candidates Enter:  Office Sought:  Political Party (if applicable)  County/Local Candidates and Local Ballot/Franchise Committee  County:  Bank Account Name  Congression State Banks  Name of Financial Institution/Type of Account  Checking  Mailing Address  Loty State Zip  Congression State OF FUNDS UPON DISSOLUTION  Indicate disposition of funds by marking appropriate number in box:	Year Standing for Election:  Bate of Election:  Candidate Name & Address or Parent Affiliat  Mailing Address  City State  Home Phone ( )  Day Phone ( )  ON (Statement of intent required by law for and central committees.)	Entity (PACs, if e, or Sponsor  Zip	applicable).
All Candidates Enter:  Office Sought:  Political Party (if applicable)  County/Local Candidates and Local Ballot/Franchise Committee  County:  Bank Account Name  Candidates and Local Ballot/Franchise Committee  County:  Bank Account Name  Checking  Mailing Address  All Assistant  City State Zip  Conydon Ja. 50060  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION  Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TOCOUNTY CENTRAL COMMITTI	Year Standing for Election:  Bate of Election:  Candidate Name & Address or Parent Affiliat  Mailing Address  City State  Home Phone ( )  Day Phone ( )  ON (Statement of intent required by law fo and central committees.)  EE (6) PRORATED REFUND TO COM	Entity (PACs, if e, or Sponsor  Zip  r all committees, ex	applicable),
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Date Signed

Signature of Candidate or Chairperson (if a PAC)